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Application Number	10/528321
Filing Date	09/26/2005
First Named Inventor	Stephen Guffanti
Art Unit	3714
Examiner Name	MOSSER, KATHLEEN MICHELE
Attorney Docket Number	100842.0005Us

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 24392☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Stephen Guffanti

Date

5-11-07

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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